



ATTORNEY GENERAL OF ARKANSAS  
Mike Beebe

**TOBACCO PRODUCTS MANUFACTURER CERTIFICATION FORM:  
2006**

**Part 1: Tobacco Product Manufacturer Identification**

Company:
Address:
Address:
Telephone:
Fax:
Webpage:
Email:
Name/Title of Person Completing Form:

If the Manufacturer is represented by counsel for the purpose of compliance with Act 1165 of 1999 and Act 1073 of 2003, please provide the following information:

Counsel's Name:
Firm:
Address:
Address:
Telephone:
Fax:
Email:

**Part 2: Designation of Tobacco Products Manufacturer**

As of the date of this Certification, the Tobacco Product Manufacturer identified above is a:  
(Initial One)

	Participating Manufacturer under the Tobacco Master Settlement Agreement; or
	Tobacco Product Manufacturer in full compliance with ARK. CODE ANN. §§ 26-57-260 and 26-57-261, including all quarterly payments that may be required.

**Part 3: Sales Year: January 1, 2005 to December 31, 2005****Part 4: Brand Family Identification** *(If necessary, additional sheets may be attached.)***A. Participating Manufacturer**

Brand Family:	Brand Family:

**B. Non-Participating Manufacturer**

Brand Family:	Units Sold in Arkansas in 2006:

**TOTAL NUMBER OF UNITS SOLD:** \_\_\_\_\_

## **Part 5: Non-Participating Manufacturer Certification**

### **A. REGISTERED AGENT FOR SERVICE OF PROCESS**

Agent's Name:
Company:
Address:
Address:
Telephone:
Fax:
Email:

→ *A statement from the Registered Agent noting his or her service in this capacity must be included with this Certification Form. Pursuant to Arkansas law, this Registered Agent must reside in the State of Arkansas.*

### **B. QUALIFIED ESCROW FUND**

Name of Institution:
Address:
Address:
Representative Name:
Telephone:
Fax:
Email:
Escrow Account Number:
Arkansas Account/Sub-Account Number:
Date of Execution of Governing Escrow Agreement:

→ *A copy of the current governing Escrow Agreement and any Amendments thereto must be included with this Certification Form.*

### C. TOTAL AMOUNT HELD IN ESCROW

#### Total amount placed in escrow for the State of Arkansas for sales in 2005:

Total number of Units Sold in Arkansas during 2005: \_\_\_\_\_

Statutory rate per cigarette (\$0.0167539), as adjusted for inflation: \$ 0.0208176

The total amount deposited into the Qualified Escrow for 2005:

\$ \_\_\_\_\_  
(Multiply the number of Units Sold by the statutory rate per cigarette, as adjusted for inflation.)

→ An account statement or letter from the escrow agent must be included with this Certification Form. This account statement or letter must indicate: (1) the amount deposited, as indicated above and (2) the date of deposit.

#### Total amount held in escrow for the State of Arkansas for all sales years:

Total amount held in the Qualified Escrow for all years:

\$ \_\_\_\_\_

→ An account statement from the escrow agent must be included with this Certification Form, indicating the complete account history for the account/sub-account for the State of Arkansas for all sale years, including all deposits, withdrawals, interest earned, and a current account balance.

### Part 6: Signature

Under penalty of perjury, I state that the information contain in this Certification Form is true and correct.

Authorized Designee:	Title:
Signature of Designee:	Date:

### Part 7: Notary

Subscribed and sworn before me on this date:
Signature of Notary Public:
City or County of:
My Commission expires:

**Part 8: Mail the completed Certification Form, with all attachments, to:**

Eric B. Estes  
Office of the Arkansas Attorney General  
323 Center Street, Suite 200  
Little Rock, Arkansas 72201

→ *This Certification Form, including all attachments, must be received by the Office of the Arkansas Attorney General on or before **April 30, 2006**.*

→ *If you have any questions regarding the completion of this Certification Form, please contact Eric B. Estes, Assistant Attorney General, at (501) 682-8090.*